

June 23, 2021

The Honorable Raul Ruiz, MD  
U.S. House of Representatives  
2342 Rayburn House Office Building  
Washington, DC 20515

The Honorable Terri Sewell  
U.S. House of Representatives  
2201 Rayburn House Office Building  
Washington, DC 20515

The Honorable Brad Wenstrup, DPM  
U.S. House of Representatives  
2419 Rayburn House Office Building  
Washington, DC 20515

The Honorable Larry Bucshon, MD  
U.S. House of Representatives  
2313 Rayburn House Office Building  
Washington, DC 20515

Dear Representatives Ruiz, Wenstrup, Sewell and Bucshon:

On behalf of our physician and medical student members, the American Medical Association (AMA) is writing to voice our support for the Physician Shortage GME Cap Flex Act of 2021. This legislation would help to address our national physician workforce shortage by providing teaching hospitals an additional five years to set their Medicare Graduate Medical Education (GME) cap if they establish residency training programs in primary care or specialties that are facing shortages.

As U.S. medical schools have increased enrollment, residency training positions at teaching hospitals have not kept up with the larger pool of applicants, limited by the cap on Medicare support for graduate medical education. As such, workforce experts predict that the U.S. will face a significant physician shortage for both primary care and specialty physicians over the next 13 years if training positions are not expanded. In particular, the Association of American Medical Colleges predicts a shortage of 124,000 physicians by 2034, including a projected shortage of primary care physicians of between 17,800 and 48,000.<sup>1</sup> Yet, while new medical schools are opening, and existing medical schools are increasing their enrollment to meet the need for more physicians, federal support for residency positions remains subject to an outdated cap from 1996 that falls dramatically short of the needs of the U.S. population, despite Congress providing 1,000 additional Medicare supported slots in 2020.

Due to this outdated policy, while the number of medical students continues to grow and the U.S. population continues to increase and grow older, having more complex health needs, parallel expansion in residency training has not ensued to the same degree. Residency training positions have expanded at a rate of just 1 percent a year, which is not representative of the care our country needs. Moreover, there are more than 7,200 federally-designated health professional shortage areas where dire access issues persist for patients in both rural and urban underserved communities, and in both primary and specialty care.<sup>2</sup>

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<sup>1</sup> <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-6-10-Letter-to-Pallone-and-Murray-re-HR-3671-the-DOC-Act.pdf>.

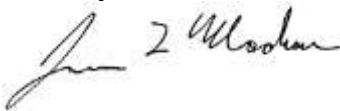
<sup>2</sup> <https://www.aamc.org/news-insights/attracting-next-generation-physicians-rural-medicine>.

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Therefore, it is crucial that we invest in our country's health care infrastructure by providing additional GME slots so that more physicians can be trained, and access to care can be improved.

As the nation faces a pandemic and physician shortages, sustained, long-term investments in our physician workforce are necessary to help care for our nation's most vulnerable populations. The AMA appreciates your leadership on this important issue, and we look forward to working with you to advance this legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD